

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28638

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7664	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069		d. STREET ADDRESS (If mail, give location) 5504 1/2 Ashland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Adelaide Louise Rauter				4. DATE OF DEATH (Month) (Day) (Year) Aug. 27-1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 6-1908	
9. AGE (In years, last birthday) 43		10. UNDER 1 YEAR 5		11. UNDER 1 YEAR 21		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10b. KIND OF BUSINESS OR INDUSTRY Robbins Jewelry		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Frank X. Fuchs		13b. MOTHER'S MAIDEN NAME Caroline Bathe		14. NAME OF HUSBAND OR WIFE Ray E. Rauter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-03-0954		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie A. Fuchs 5915 Romaine Pl.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema ANTECEDENT CAUSES DUE TO (b) Left Hemiplegia DUE TO (c) Cerebral, Apoplexy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibroid Uterus				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 7-7-51 7-7-51 ?	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X			
22. I hereby certify that I attended the deceased from 7-7-1951, to 8-27-1951, that I last saw the deceased alive on 8-27-1951, and that death occurred at 7:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Nicholas S. Stale, MD (Degree or title)				23b. ADDRESS 3861 St. Louis Ave.		23c. DATE SIGNED 8/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECEIVED BY LOCAL REG. Aug 29 1951		REGISTRAR'S SIGNATURE J. Earl Smith		FURNERAL DIRECTOR'S SIGNATURE Chas. F. Smart		ADDRESS 1225 Union	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision. \

Student
Student Embalmer

Signed

Clement McNeary

Licensed Embalmer No. *3732*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.